

FOR OFFICE USE ONLY		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF VITAL RECORDS										FOR OFFICE USE ONLY		
SFN#		APPLICATION FOR FOREIGN-BORN REGISTRATION										TRX#	TRX DATE	FILE CLOSE
BIRTH FACTS OF REGISTRANT (AFTER ADOPTION)	NAME: FIRST		MIDDLE				LAST				SUFFIX			
	DATE OF BIRTH: MONTH DAY		SEX	PLACE OF BIRTH:		TOWN OR CITY		COUNTRY						
ADOPTIVE PARENTS' INFORMATION	FATHER'S NAME: FIRST		MIDDLE	LAST			DATE OF BIRTH		PLACE OF BIRTH (STATE OR COUNTRY)					
	MOTHER'S NAME: FIRST		MIDDLE	LAST (BEFORE MARRIAGE)			DATE OF BIRTH		PLACE OF BIRTH (STATE OR COUNTRY)					
PAYMENT INFORMATION	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">DATE</div> <div style="margin-left: 10px;"> \$10.00 PAID BY <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIER'S CHECK <input type="checkbox"/> CREDIT/DEBIT (CASH IN PERSON ONLY; NO PERSONAL CHECKS) </div> </div>													
	<div style="display: flex; align-items: center;"> <input type="checkbox"/> VISA <div style="border: 1px solid black; width: 150px; height: 20px; display: flex; margin: 0 5px;"> <div style="width: 25px; height: 20px;"></div> <div style="width: 25px; height: 20px;"></div> <div style="width: 25px; height: 20px;"></div> <div style="width: 25px; height: 20px;"></div> <div style="width: 25px; height: 20px;"></div> <div style="width: 25px; height: 20px;"></div> <div style="width: 25px; height: 20px;"></div> <div style="width: 25px; height: 20px;"></div> <div style="width: 25px; height: 20px;"></div> <div style="width: 25px; height: 20px;"></div> <div style="width: 25px; height: 20px;"></div> <div style="width: 25px; height: 20px;"></div> <div style="width: 25px; height: 20px;"></div> <div style="width: 25px; height: 20px;"></div> <div style="width: 25px; height: 20px;"></div> </div> <div style="margin-left: 10px;"> EXP. DATE MM/YY <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; margin: 0 5px;"> <div style="width: 15px; height: 20px;"></div> <div style="width: 15px; height: 20px;"></div> </div> </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> M/C </div>													
APPLICANT SIGNATURE											State of _____, County of _____ Subscribed and sworn or affirmed before me this _____ day of _____ _____ NOTARY PUBLIC <div style="text-align: center; font-size: 2em; color: gray;">SEAL</div> My Commission expires _____			
PRINT NAME: FIRST		LAST												
MAILING ADDRESS (NUMBER & STREET OR PO BOX)				APARTMENT #										
CITY/TOWN			STATE	ZIP CODE										
DAYTIME TELEPHONE NUMBER			RELATIONSHIP TO REGISTRANT											
()														
PLEASE SEND COMPLETED APPLICATION, CORRECT FEE, AND ALL REQUIRED DOCUMENTS, TO: STATE OFFICE OF VITAL RECORDS PO BOX 3887 PHOENIX, AZ 85030			WARNING: FALSE APPLICATION FOR A BIRTH CERTIFICATE IS A PUNISHABLE OFFENSE. FOR THE PROTECTION OF THE INDIVIDUAL, CERTIFICATES OF VITAL EVENTS ARE NOT OPEN TO PUBLIC INSPECTION. SIGNATURE OF APPLICANT MUST BE NOTARIZED, OR THIS FORM MUST BE ACCOMPANIED BY A COPY OF A VALID GOVERNMENT-ISSUED PHOTO ID WHICH CONTAINS THE APPLICANT'S SIGNATURE.											

N:Groups/Admin/Birth Registry/Forms/fb app single
Revised: 10/31/07